

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074518

Entity Name: 3101 HOLDINGS, LLC

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

1001 SOUTH SOUTHLAKE DRIVE
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1001 SOUTH SOUTHLAKE DRIVE
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 20-1752940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMONT NEIMAN INTERIAN & BELLET, P.A.
ONE BISCAYNE TOWER 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MNGR () Delete
Name: CASCIONE, JR., NICHOLAS
Address: 1001 SOUTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: MNGR () Delete
Name: CASCIONE, JEANNETTE
Address: 1001 SOUTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: MNGR () Delete
Name: SAVINO, MICHAEL
Address: 1001 SOUTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NICHOLAS CASCIONE

MNGR

02/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date